

2016-17 {Insert SFA Name Here} Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)

{Insert SFA Address (Street or Mailing) and Contact Number here}

A. CHILDREN and STUDENT Household Members						NOTE: For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 2 or the reverse side of this application.				B. Assistance Programs	
1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12. 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.			If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade .		If applicable, please CIRCLE if a CHILD/STUDENT is: Homeless Migrant Runaway Foster		CHILD/STUDENT INCOME Earnings from Work ENTER total gross income amount (before deductions) in whole dollars only. (\$000)		CHILD/STUDENT INCOME from ALL OTHER Sources		Do any Household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? <div style="text-align: right;"> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>
<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Circle One:</i>	<i>School Name</i>	<i>Grade</i>		<i>Income</i>	<i>CIRCLE Frequency</i>	<i>Income</i>	<i>CIRCLE Frequency</i>	
			S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	
			S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	
			S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	
			S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	

C. ADULT Household Members		1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report. 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.					
LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.		Earnings from WORK	<i>CIRCLE Frequency</i>	Public Assistance/ Alimony/ Child Support	<i>CIRCLE Frequency</i>	Pensions/ Retirement/ All Other Income	<i>CIRCLE Frequency</i>
Head of Household		\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult		\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult		\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult		\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult		\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly

D. Household Total and Social Security Number (SSN)

ENTER Total Number of Household Members (Children and Adults) HERE

ENTER LAST FOUR DIGITS of SSN HERE
(Head of Household or Primary Wage Earner ONLY)

☐ I do not have a Social Security Number

E. Attestation: An adult household Member must sign the application. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature:	Today's Date:	Email:	Address:	
Printed Name:		Contact Number:	City:	State: Zip Code:

F. Child(ren)'s Ethnic and Racial Identities (Optional)

SELECT one ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

For Office Use Only	Total Household Members :		Eligibility Determination: <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason for Denial of Eligibility:	
	Total Household Income:			
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <div style="text-align: center;"><input type="checkbox"/> Annually</div>			
Determining Official's Signature & Date: Confirming Official's Signature & Date: Verifying Official's Signature & Date:				

Instructions – Sources of Income

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
-Earnings from work	-A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's Benefits	-A child is blind or disabled and receives Social Security benefits -A Parent is disabled, retired or deceased and their child receives Social Security benefits
-Income from any other source	-A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS		
Earning from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) <i>If you are in the U.S. Military:</i> -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash Assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPID) case number or other FDPID identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil
Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov

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